COUNTY OF LAKE

TRAVEL EXPENSE CLAIM

Claimant TYE HOLKET	Employee No. 56267
Leave Date: 11/1/4 Time: 0845 Return Destination ANAHEIM CARDEN	Department No. 2361 Time: 1800
	TASK FORCE CONFERENCE
TRANSPORTATION x \$0. (Priv Car/Air Miles) (Rate) Other/Identify \$ (Amount)	= \$ Fares \$ (Public Trans)
Other/Identify \$	(Receipted) (Receipted) 1)
MEALS - PER DIEM \$ 2\.OO (No) (Travel Policy — Sec 2.1) (Breakfast)	$\begin{array}{c c} \hline & & & & & & & & & & & & & & & & & & &$
LODGING - PER DIEM \$ (Amount)	(No. of Days)
MEALS – ACTUAL \$ (Breakfast) (No)	\$\$(Lunch) (No) (Dinner) (No)
CTravel Policy — Sec 4.1) (Amount) Total Reimbursement Claimed Less Travel Advance Total Reimbursement Due	(No. of Days) s 92.00 (Date of Advance) s 92.00 38.30
certify under the penalty of perjury that the within claim and the items heretofore been paid and that the amount therein is justly due me which expenses were incurred inclusive of required receipts.	ns as therein set out are true and correct, that no part thereof and that the same is presented within 60 days of the date on
Pendor No. (7) Invoice # (8) Description (24)	
Amount (9) Fund (3) Sub (2) Dept (4) Sub (2)	GL (3) Object (4) Sub (2)
am Cochrane, Auditor-Controller By CLUCK VILLOTTICL Public Forms/New Travel Paid.doc 1 A 1 17 Mb	**************************************

Form Typed or Written in Ink All receipts must be attached	TRANELLEXPE	NSE CLAIM			
Claimant FRANKLIN CHUMUA	uozon		E	Employee No.	567
Mailing Address	- man 20 0				2910
	1	······································	I	Department No.	230]
Leave Date: Aug 8 2016 Time: Destination	Returned No.	rn Date: <u>Seρ</u>	7,2016 I	'ime:	<u> </u>
Purpose +VC	ruis (acad	ench		
TRANSPORTATION (Priv Car/Air Miles)	x \$0. (Rate)	= \$	(Amount)	Fares \$(P	ublic Trans)
Other/Identify \$		_ 1)			
((Amount)		(R	eceipted)	. 01
		2)	(R	eceipted)	- ALC
Other/Identify \$		1)	•	• ′	405m
* ************************************	(Amount) (Compared to 1) (Amount) (Amount) (Amount) (No)	\$250 (Lund	.00 25	le Unreceipted) \$ \frac{3\frac{1}{2}}{2} \text{(Dinner)}	00 255 (No)
LODGING – PER DIEM \$	Amount)	•	(No. of Days)	uintere.	
MEALS – ACTUAL \$(Travel Policy — Sec 4.1) (Breakfast	st) (No)	. \$(Lunc	(No)	\$(Dinner) (No)
LODGING – ACTUAL \$ Travel Policy — Sec 4.1) (2	Amount)		(No. of Days)	<u></u>	
Total Rein	mbursement Claimed	\$	18.00		
I	Less Travel Advance	(<u>(</u>	237.50)	f Advance)
Total	Reimbursement Due	s <u>(</u>	19.50	1	2,30
certify under the penalty of perjury that the was heretofore been paid and that/the amount the which expenses were incurred inclusive of a ppropriations to support this claim. Claimant's Signature	nerein is justly due me required receipts. I	and that the sar further certify	me is presented	within 60 days of sufficient funds	of the date on
/	cription (24)				
	- ' '				
mount (9) Fund (3) Sub (2) I	Dept (4) Sub (2)	GL (3)	Object (4)	Sub (2)	
	i				
***************	; ********	******	******	*******	******

ant:

COUNTY OF LAKE

TRAVEL ADVANCE REQUEST FORM

Excluding Mileage

Claimant: Could	TI MCZCIMINA	RANKLIN	<u> 344</u>			Date:	07261 6	
TA No		3				No		
Date/Time Departure	e 8/9/16			Return	9/3/16			
Destination:	anta Rosa	Transma	Acad	<u> </u>				
m 21 - 22 CNT- 21-								$ \sqrt{2}$
Per Diem	25		_ days @	34 -		x 75%	s <u>000</u>	1
Actual (Attacl	h Verification)		_ days @		,	x 75%	\$	
	Attach Verification)						\$	
Commercial T	ravel (Attach Verif	ication and List I	Hereon):				· · · · · · · · · · · · · · · · · · ·	
•							\$	
Other (Tuition	, etc., Specify and I	Oocument):				**.	The state of the s	*
							\$	3
**.				TOTAL	ADVANCE RE	QUEST	s (0°)	- Anna Anna Anna Anna Anna Anna Anna Ann
is for travel expenses Travel Policy.	3.m	on\z	wi	th the provis	ated hereon and ions of the Cour	ity of Lak	e Travel Polic	
(Mimant Signature)		(D	ate) (D	epartment/H	ead Signature)		0	(Date)
Remin Fink copy in Depar	tment file) (Subm	it White and Yellow	copies for advar	ice – Resubmit	Yellow copy with s	tandard trav	el claim form for	settlement)
Vendon No. (7)	Invoice # (8)	Description (24	()					····
Amount (9)	Fund (4) Sub	(2) Dept (4)	Sub (2)	GL (3)	Object (4)	Sub (2)	Δ,	
erreby certify that the ther certify as to the	correctness of the c	omputations her		************denced by ti	**************************************	******* le docum	*********** ents attached b	******** nereto and
am Cochrane, Audito	or-Countries	Ву	(Deputy Audit	tor)		(Date)	<u> </u>
			\$ 50°		À	Claim No	. (7)	
\forms\NEW_tryl_adv.do	c 7/99							

	_				
:		Of Lake		Receipt No. 1299413	
	Lakepo	rt, California		rieceipt No. = = 0 0 1 2 0	
	Departn	nent: Shruff		Date 1/9/17	
		+ Frank Gloryund 50	12 _	\$19,50	
	M	iteen 4		50	Dollars
	Detail of D	Deposit Travel Advance	Pay	Back	
			7 0		

	CASH	❷			······································
	CHECK			Ma Call.	
	OTHER		Ву	nine Culls	

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Form Typed or Written in Ink
 All receipts must be attached

COUNTY OF LAKE

TRAVEL EXPENSE CLAIM

Claimant Shel	by Crai	wford		Employee No.	339/5051
Mailing Address		•	j		5011
			1	Department No.	2301
Leave Date: 8-8-16	Time: O	530 Return	Date: 9-9-16	Time: 150	0
	tination Winds		E academ	<u> </u>	
	\sim		aining	Ļ	
TRANSPORTATION	-	x \$0.	= \$	Fares \$	· · · · · · · · · · · · · · · · · · ·
	Priv Car/Air Miles)	(Rate)	(Amour		Public Trans)
Other/Identify	, \$(Aı		1)		
	(Aı	nount)		(Receipted)	
			2)	(Receipted)	
Other/Identify	· \$		1)	(Toocapiou)	
Onei/Identity		nount)		lowable Unreceipted))
MEALS – PER DIEM	\$		s260.00	25 5340	00 20
(Travel Policy — Sec 2.1)	(Breakfast)	(No)	(Lunch)	(No) (Dinne	er) (No)
LODGING - PER DIEM	\$				
(Travel Policy — Sec 2.1)	(An	nount)	(No. of E	Pays)	
MEALS – ACTUAL (Travel Policy — Sec 4.1)	\$(Breakfast)	(No)	\$(Lunch)	(No) (Dinne	(No)
		(140)	(Lunch)	(140) (15111111	<i>a)</i> (110)
LODGING – ACTUAL (Travel Policy — Sec 4.1)	\$(An	nount)	(No. of D	Pays)	
,	Total Reimb	ursement Claimed	\$ 590.	00	,
		s Travel Advance	(1037)	50, 7/27	116
\mathcal{L}			1.1.1	(Date	of Advance)
I certify under the pendity of	Total Re	imbursement Due	s <u>141.</u>	501 28	30
I certify under the penalty of	F perjury that the with	in claim and the iter	ns as therein set out are t	rue and correct, that	no part thereof
has heretofore been paid and which expenses were incur	I that the amount there	ein is justly dug me	and that the same is pres further certify that there	ented within 60 days	of the date on
appropriations to support this			diamer corting that the	2 and summoreme runn	13/
5 6/1	9-10	6-16 //	My tek	Stora	20/16
Claimant's Signature	e D	ate Auth	orized and Approved by	Department Head	Date
Vendor No. (7) Invo	ice # (8) Descrip	otion (24)			
Amount (9) Fund	1 (3) Sub (2) Dep	ot (4) Sub (2)	GL (3) Object (4)	Sub (2)	
\$!	
*********	*******	*******	**********	******	*******
Pam Cochrane, Auditor-Cont	troller By	(Deputy Auditor)		(Date)
		· · ·			\ /

THE WARRY OF

COUNTY OF LAKE

TRAVEL ADVANCE REQUEST FORM

Excluding Mileage

	1 m / m .	1,,
Claimant: Crowlord, Shelly 339	Date: $07/27$	1/10
TA No.	No	
	16	
Destination: Santa Rosa Training Academy		***************************************
Estimated Needs:	£	-50
Per Diem 35 days @	_ x 75% \$ (O)) /
Actual (Attach Verification) days @	x 75% \$	
Registration (Attach Verification)	\$	
Commercial Travel (Attach Verification and List Hereon):		
	\$	
Other (Tuition, etc., Specify and Document):		
	<u> </u>	
TOTAL ADVANCE F	EQUEST \$ 10	57
I hereby certify that the amount requested and to be received is for travel expenses as allowed under the County of Lake Travel Policy. I hereby certify that the claim the travel indicated hereon as with the provisions of the County of Lake	nd this advance is in co	ompliance olicy.
(Claimant Signature) (Date) (Department Head Signature) ((Date)
(Retain Pink copy in Department file) (Submit White and Yellow copies for advance – Resubmit Yellow copy wit	h standard travel claim form	for settlement)
Vendor No. (7) Invoice # (8) Description (24)		
Amount (9) Fund (4) Sub (2) Dept (4) Sub (2) GL (3) Object (4)	Sub (2)	
;		
**************************************	*****	*****
hereby certify that the facts of the transaction herein set forth as evidenced by the above and urther certify as to the correctness of the computations hereon.	the documents attache	ed hereto and
Pam Cochrane, Auditor-Controller By (Deputy Auditor)	(D	ate)
	Claim No. (7)	
7. Composition of the day 7/00		

County Of Lake Lakeport, California Department: SHERIFF	Receipt No. 1308324 Date 12/21/16 \$ 47.50
Received of SHELBY CRAWFORD FORTY SEVEN AND 50/100 — Detail of Deposit REIMB TRAVEL ADVANCE 196, 2210, 722, 78-3	E CK# 734136, 8/5/16
CASH CHECK 1180	By Xi Keiga

Form Typed or Written in Ink
 All receipts must be attached

COUNTY OF LAKE

TRAVEL EXPENSE CLAIM

TRAVEL EXPENSE CLAIM	565
Claimant Susan West	Employee No.
Mailing Address	
Leave Date: 9-25-16 Time: 12:00 Return Date: 10-28-16	Department No.
Destination Tulare Pretrial Facility	
\sim	φΛ I I
TRANSPORTATION x \$0. = \$ (Amount)	Fares \$ (Public Trans)
Other/Identify \$ 1)	(Receipted)
2)	
	Receipted)
Other/Identify \$ 1) (Amount) (Allow	able Unreceipted)
MEALS - PER DIEM \$ 10 Amount) TO \$ 5 60 C	10.00 STO.0
(Travel Policy — Sec 2.1) (Breakfast) (No) (Lunch) (N	
LODGING – PER DIEM \$ (No. of Days)	<u> </u>
MEALS - ACTUAL \$ \$ (Travel Policy — Sec 4.1) (Breakfast) (No) (Lunch) (No)	(No) (Dinner) (No)
LODGING - ACTUAL \$	
(Travel Policy — Sec 4.1) (Amount) (No. of Days)	
Total Reimbursement Claimed \$ \(\begin{aligned} \text{90 \cdot 0} \\ 0 \text{	
Less Travel Advance (<u>1037</u> .	(Date of Advance)
Total Reimbursement Due \$ (1.50)	1 28,30
I certify under the penalty of perjury that the within claim and the items as therein set out are true has heretofore been paid and that the amount therein is justly due me and that the same is presente which expenses were incurred inclusive of required receipts. I further certify that there are	d within 60 days of the date on
appropriations to support this claim.	Xhow ball
Claimant's Signature Date Authorized and Approved by Dep	artment Head Date
	Janoin Flour Jano
Vendor No. (7) Invoice # (8) Description (24)	
Amount (9) Fund (3) Sub (2) Dept (4) Sub (2) GL (3) Object (4)	Sub (2)
·P ;	*********
Pam Cochrane, Auditor-Controller By	(Date)

COUNTY OF LAKE

TRAVEL ADVANCE REQUEST FORM

Excluding Mileage

Claimant: Sisan U	Dest				_ Date: _	9-12-16
TA No.					No	
Date/Time Departure	16		Return	10-29	8-16	9
Destination:	F Seau	oias	_ 	in food	(A	·
Estimated Needs:	Luna:		1			
Per Diem	(A)	days @ _	34	.00	x 75%	s (03750
Actual (Attach Verification)		days @ _			_ x 75%	\$
Registration (Attach Verification	n)					\$
Commercial Travel (Attach Ver	ification and List	Hereon):				

						\$
Other (Tuition, etc., Specify and	Document):					
Once (Tutton, etc., opeony and	Document).					
	 				***************************************	¢
		· .	TOTAL	ADVANCE R	PALIBOT	s 1027.50
is for travel expenses as allowed unde Travel Policy.	9-12-11	with furt	the provis	sions of the C	County of re sufficie	vance is in compliance Lake Travel Policy. I ent funds and budget
(Claimant Signature)	(I	Date) (De	partment He	ad Signature)		(Date)
(Retain Pink copy in Department file) (Subi	mit White and Yellow	copies for advance	e – Resubmit	Yellow copy with	standard trav	el claim form for settlement)
Vendor No. (7) Invoice # (8)	Description (2	4)				
Amount (9) Fund (4) Sul	(2) Dept (4)	Sub (2)	GL (3)	Object (4)	Sub (2)	
\$	221	0		28) i 30	
****************************** hereby certify that the facts of the tranurther certify as to the correctness of the			********* enced by th	**************** e above and t	********* he docume	**************************************
Pam Cochrane, Auditor-Controller	Ву					<u></u>
		(I	eputy Audito	or)		(Date)
D1C NICH 41 -1.000					Claim No.	(7)
E:\forms\NEW_trvl_adv.doc 10/99		(E	Peputy Audito	or)	Claim No.	

CASH CHECK CHECK CHECK COTHER COTHER	County Of Lake Lakeport, California Department: Swyd Received of Sasan Wash Received of Sasan Wash Detail of Deposit Royanb traud
By My Count	Date 3/2//7 Date 3/2//7 Daynut oue, paunt

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